

## Placement Preference Form 2008

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: (H): \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**Please attach a recent CV with this form which will be sent to the GP  
Supervisor in the General Practice/Hospital**

**Do you have any disabilities or health issues which require special consideration to assist you  
while on your placement? If yes please specify** \_\_\_\_\_  
\_\_\_\_\_

**If your medical degree was obtained outside Australia, do you have any limitations on your  
provider number?** \_\_\_\_\_  
\_\_\_\_\_

**Do you intend to practice Obstetrics or Anaesthetics during your term? Yes  No**

**If yes, you must have completed DRANZCOG training or 12 months accredited Anaesthetics  
training. Have you completed this required training?** Yes  No

**Are you interested in working in an Aboriginal Medical Service Yes  No**

### For General Pathway Registrars:

**Have you completed your rural requirement? Yes  No**

**If Yes, where did you complete this placement?** \_\_\_\_\_

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way without the approval of the person listed as the Authority.**

## Your Training Plans for 2008

**First Term: 21 January, 2008 – 20 July, 2008**

**Placement Term**

|                   |                          |                                   |                          |
|-------------------|--------------------------|-----------------------------------|--------------------------|
| <b>Basic</b>      | <input type="checkbox"/> | <b>Special Skills</b>             | <input type="checkbox"/> |
| <b>Advanced</b>   | <input type="checkbox"/> | <b>Advanced Rural Skills Post</b> | <input type="checkbox"/> |
| <b>Subsequent</b> | <input type="checkbox"/> | <b>Leave</b>                      | <input type="checkbox"/> |
| <b>Hospital</b>   | <input type="checkbox"/> |                                   |                          |

**Please indicate whether you will be training full time or part time.**

**Full Time**  **Part Time**

**If part time please indicate the number of sessions per week** \_\_\_\_\_

**Please list your three preferred Training Placements**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Please state why you have chosen your particular preference. This can include such things as educational requirements or family/personal circumstances which you feel may impact on your placement.**

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**Second Term: 21 July, 2008 – 18 January, 2009**

**Placement Term**

|                   |                          |                                   |                          |
|-------------------|--------------------------|-----------------------------------|--------------------------|
| <b>Basic</b>      | <input type="checkbox"/> | <b>Special Skills</b>             | <input type="checkbox"/> |
| <b>Advanced</b>   | <input type="checkbox"/> | <b>Advanced Rural Skills Post</b> | <input type="checkbox"/> |
| <b>Subsequent</b> | <input type="checkbox"/> | <b>Leave</b>                      | <input type="checkbox"/> |
| <b>Hospital</b>   | <input type="checkbox"/> |                                   |                          |

**Please indicate whether you will be training full time or part time.**

**Full Time**  **Part Time**

**If part time please indicate the number of sessions per week** \_\_\_\_\_

**Please list your three preferred Training Placements**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Please state why you have chosen your particular preference. This can include such things as educational requirements or family/personal circumstances which you feel may impact on your placement.**

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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return this form to:**

**Suzanne Bergin**  
NTGPE  
**Email:** [suzanne.bergin@ntgpe.org](mailto:suzanne.bergin@ntgpe.org)  
**Fax:** (08) 8946 7077  
**Post:** PO Box u 179, Charles Darwin University, NT 0815

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